'93 MAY 20 PM 3 21 Vol M93 Page 11515

61817

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

23774 ATC

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Harry | 1b. MIDDLE NAME: | 1c. LAST NAME: ISAAC

2a. DATE OF DEATH—MONTH, DAY, YEAR: September 19, 1968 | 2b. HOUR: 1:45 A.M.

3. SEX: Male | 4. COLOR OR RACE: Caucasian | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania | 6. DATE OF BIRTH: July 16, 1922 | 7. AGE (LAST BIRTHDAY): 46 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. NAME AND BIRTHPLACE OF FATHER: Sam Isaac - Syria | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mary Slamon - Syria

10. CITIZEN OF WHAT COUNTRY: United States | 11. SOCIAL SECURITY NUMBER: 171 12 6776 | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Virginia A. Squillo

14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cement Construction | 15. NUMBER OF YEARS IN THIS OCCUPATION: 15 | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): F. Isaac, Inc. | 17. KIND OF INDUSTRY OR BUSINESS: Building

PLACE OF DEATH

16a. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET ADDRESS): Veterans Administration Hospital | 18a. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): Wilshire and Sawtelle Blvds. | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No

16b. CITY OR TOWN: West Los Angeles | 18b. COUNTY: Los Angeles | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 13 days YEARS | 18g. LENGTH OF STAY IN CALIFORNIA: 15 YEARS

USUAL RESIDENCE

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1110 Cheltenham Drive | 19c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes | 20. NAME AND MAILING ADDRESS OF INFORMANT: Virginia Isaac

19b. CITY OR TOWN: Santa Barbara | 19d. COUNTY: Santa Barbara | 19e. STATE: California | Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

21. CORONER—I HEREBY CERTIFY THAT I HAVE VIEWED THE BODY OF THE DECEASED PERSON NAMED ABOVE FROM THE TIME OF DEATH STATED BELOW AND THAT I HAVE HELD OR HOLD AN INQUEST AS REQUIRED BY LAW.

21a. PHYSICIAN—I HEREBY CERTIFY, THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE. I LAST ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR): 9/6/68 TO (ENTER MONTH, DAY, YEAR): 9/19/68 AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR): 9/19/68

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Barry Silverman M.D. | 21b. DATE SIGNED: 9/19/68

21e. ADDRESS: VA Center, Los Angeles, Cal. | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C27422

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial | 22b. DATE: 9-21-68

23. NAME OF CEMETERY OR CREMATORY: Santa Barbara Cemetery | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): John R. Grebil | LICENSE NUMBER: 3554

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Welch-Ryce Associates | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No | 27. LOCAL REGISTRAR—SIGNATURE: Gabriel Medina M.D. | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: SEP 20 1968

5 CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C | Days / Years — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: Hypostatic pneumonia

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(A) DUE TO, OR AS A CONSEQUENCE OF: Cerebellar space occupying lesion, etiology undetermined

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): Operation | 32a. AUTOPSY? (SPECIFY YES OR NO): yes | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.) | 35. INJURY AT WORK (SPECIFY YES OR NO) | 36a. DATE OF INJURY—MONTH, DAY, YEAR | 36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 (MILES) | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

REV. 1-1-68 Form VS-11

LOS ANGELES COUNTY HEALTH DEPARTMENT

This is to certify that this is a true copy of the original certificate on file in this office.

SEP 23 1968

G. A. Hallenbeck, M.D., M.P.H.
Health Officer and Registrar

Gabriel Medina M.D.

LOS ANGELES COUNTY — COUNTY HEALTH OFFICER — REGISTRAR OF VITAL STATISTICS — STATE OF CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 20th day of May A.D., 19 93 at 3:21 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 11515.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00

RETURN: Virginia Isaac
69-B San Marcos Rd.
Santa Barbara, CA 93111